

APPLIKAZZJONI GHAL SIT TA' QABAR
APPLICATION FOR GRAVE

Isem u Kunjom: _____
Name & Surname:

Indirizz: _____
Address:

Tel. No.: _____

Data: _____
Date:

Lit-Tabib Ewlieni tal-Gvern
Dipartiment tas-Saħħa
(Taqsimha Ċimiterju ta' l-Addolorata)
15, Triq il-Merkanti,
Valletta.

Sinjur,
Dear Sir,

Jiena, hawn taht iffirmit u li d-dettalji dwari jidhru hawn fuq, qieghed napplika biex
nikseb sit ta' qabar fiċ-Ċimiterju ta' _____.

I, the undersigned, am applying for a grave at the cemetery of _____.

Jiena niddikjara li la jien u lanqas ebda membru tal-familja tiegħi ma' ghandu sit ta' qabar
jew qabar f'xi ċimiterju tal-Gvern.

*I hereby declare that neither I nor any other member of my family own a grave in any
Government owned cemetery*

Grazzi
Thank you

Firma : _____
Signature:

Numru tal-Karta ta' l-Identita': _____
I.D. Card Number:

Date Protection Statement: All data collected is processed in accordance with L.N. 6 of 2006 (Public Health Act, 2003) and the Data Protection Act 2001. Data is required for administration purposes in the interest of Public Health.

Data Protection Statement: All data collected is processed in accordance with the Public Health Act, 2003 and the Data Protection Act, 2001. The health data is required for processing, statistics and research purposes in the interest of Public Health. DEH 08-00